



Lamar University – Superintendent Certification

Application for 9-Month Superintendent Internship Program (Field Experience-Practicum) and Mentor Application and Agreement:

Directions:

- After completing the Application, submit to your Electronic (TK20) Field Experience Binder. Submit the **completed application with electronic signatures**.

Date: 11-4-10

Name: Kristine Brown Student ID#: L 20184644 SS#: 458-77-2424

Address: PO Box 1152 City: Mauriceville Zip: 77626

Phone: (409) 745-4064 Cell Phone: (409) 659-2425

E-mail: knbrown1 @lamar.edu Home E-Mail: kbrown@lcmcisd.org

Field Experience Diversity Information:

Gender: ☒ Female ☐ Male

Ethnicity (mark one):

☐ African American ☐ Hispanic ☒ White ☐ Native American
☐ Asian/Pacific Islander ☐ Other

Using information found in the AEIS District Report, report Characteristics of Students who are part of your field experience. This information may be obtained from your district or from TEA's Accountability Report links.

Ethnicity or culture	% from AEIS District Report
African American	6.7%
Hispanic	6.1%
White	85.9%
Native American	0.3%
Asian/Pacific Islander	1.1%
Other	

Demographic Information for Students who are part of your field experience:
% from AEIS District Report

English Language Learners	Yes X	No	1.3 %
Economically Disadvantaged	Yes X	No	25.8 %
At-Risk	Yes X	No	33.2 %

Proposed Location of your Field Experience (Internship practicum):

School Name: Little Cypress-Mauriceville CISD

Address: 6586 FM 1130 City: Orange Zip: 77632

District: Little Cypress-Mauriceville Region: 5 (1 – 20)

Site Supervisor/Mentor Agreement

As a site supervisor/mentor, I recommend Kristine Brown for acceptance into the Internship program at Lamar University. I will provide this graduate student with assistance and opportunities necessary to fulfill the requirements of the Superintendent Internship practicum (field experience), which is to number a minimum of 120 hours. The intern applicant is granted permission, including time when permissible for practical experience, to work toward completion of the Internship under the supervision of a Cooperating Supervising/Mentor Administrator and Lamar University Consulting Supervisor (a member of the Educational Leadership faculty – e.g., Dr. Elvis Arterbury, Dr. Bob Nicks, Dr. Steve Jenkins, Dr. Lu Stephens, Dr. Jimmy Creel, or Dr. Roy Benavides).

Please check:

☐ The student Intern has given me the Mentor/Site Supervisor Handbook, or provided me with an electronic version.

☐ The student Intern has discussed his/her needs about the program and I accept.

Signature and Title: _____ Date: _____

Print E-Mail address for Supervisor/Mentor:

phargrove@lcmcisid.org

Mailing Address of Supervisor/Mentor: 6586 FM 1130 City: Orange Zip: 77632

All intern site supervisors/Mentors must have a Texas certificate in school administration.